REQUEST FOR RELEASE OF ANNUAL PROFESSIONAL PERFORMANCE REVIEW FINAL QUALITY RATINGS AND COMPOSITE EFFECTIVENESS SCORES PURSUANT TO EDUCATION LAW SECTION 3012-c*

Name of Parent(s)/Legal Guardian(s):	
Name and ID number(s) of student(s):	
Grade level of student(s):	
area of instruction each teacher currentl	the name of the teacher(s) and Grade level/ subject y provides to the above-named student(s) for each or the current school year for whom you would like to score and final quality rating:
Name:	Subject Area/Grade Level:
1 1	the name of the building principal in the building to ent school year if you are also requesting his/her final score:
Name:	Building:
I would like to receive the information re	equested above via (check whichever is applicable):
Regular Mail and my address is:	
Telephone and my telephone numb	er is:
<u> </u>	elected, please provide your telephone number in the you shortly after its receipt of this Form to schedule a
* Please note that if you request the scores photo id in person before the scores can be	by mail or telephone, you will need to present a valid released.
PLEASE RETURN THIS FORM TO:	Highland Central School District 320 Pancake Hollow Road Highland, NY 12528 ATTN: Deborah A. Haab, Superintendent

^{* &}lt;u>Note</u>: Pursuant to Education Law Section 3012-c, classroom teachers and building principals are entitled to strict privacy rights with respect to the disclosure by the District of the information that will be furnished to you. We are confident that you will respect those privacy rights.